



Personality Disorders and Homoeopathy Treatment 16pf Personality Test, Counselling and Homoeopathy Treatment

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ABSTRACT : Primary Factors and Descriptors in Cattell's 16 Personality Factor Model, Personality Disorders and Homoeopathy Treatment, 16pf Personality Test, Counseling, Homoeopathy Treatment, Personality Disorders and Homoeopathy Treatment

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KEY WORDS :

Cattell's sixteen personality, Origins of the 16 personality factor model, Homoeopathic remedies

Cattell's Sixteen Personality:

Science has always strived to develop a methodology through which questions are answered using a common set of principles; psychology is no different. In an effort to understand differing personalities in humans, Raymond Bernard Cattell maintained the belief that a common taxonomy could be developed to explain such differences.

Cattell's scholarly training began at an early age when he was awarded admission to King's College at Cambridge University where he graduated with a Bachelor of Science in Chemistry in 1926 (Lamb, 1997). According to personal accounts, Cattell's socialist attitudes, paired with interests developed after attending a Cyril Burt lecture in the same year, turned his attention to the study of psychology, still regarded as a philosophy (Horn, 2001). Following the completion of his doctorate studies of psychology in 1929 Cattell lectured at the University at Exeter where, in 1930, he made

his first contribution to the science of psychology with the Cattell Intelligence Tests (scales 1, 2 and 3). During fellowship studies in 1932, he turned his attention to the measurement of personality focusing of the understanding of economic, social and moral problems and how objective psychological research on moral decision could aid such problems (Lamb, 1997). Cattell's most renowned contribution to the science of psychology also pertains to the study of personality. Cattell's 16 Personality Factor Model aims to construct a common taxonomy of traits using a lexical approach to narrow natural language to standard applicable personality adjectives. Though his theory has never been replicated, his contributions to factor analysis have been exceedingly valuable to the study of psychology.

Origins of the 16 personality factor model:

In developing a common taxonomy of

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traits for the 16 personality factor model, Cattell relied heavily on the previous work of scientists in the field. Previous development of a list of personality descriptors by Allport and Odbert in 1936, and Baumgarten's similar work in German in 1933, focused on a lexical approach to the dimensions of personality. Since psychology, like most other sciences, requires a descriptive model to be effective, the construction of a common taxonomy is necessary to be successful in explaining personality simplistically (John, 1990). Already focused on the understanding of personality as it pertains to psychology, Cattell set out to narrow the work already completed by his predecessors. The goal of the research is to achieve integration as it relates to language and personality, that is, to identify the personality relevant adjectives in the language relating to specific traits.

The lexical approach to language creates the foundation of a shared taxonomy of natural language of personality description (John, 1990). Historically, psychologists relied on such natural language to aid in the identification of personality attributes for such taxonomy. The first step in such a process was to narrow all adjectives within a language to those relating to personality descriptions, as it provided the researchers with a base guiding such a lexical approach. When working with a limited set of variables or adjectives within a language progressed from spoken word as it evolved throughout its progression. Since there are finite sets of adjectives in a language, the narrowing of the variables into base personality categories becomes necessary as multiple adjectives can express similar meanings within the language (John, 1999).

In the process of developing a taxonomy, a process that had taken predecessors sixty years up to this point, Allport and Odbert systematized thousands of personality attributes in 1936. They recognized four categories of adjectives in developing the taxonomy including personality traits, temporary states highly evaluative judgments of personal conduct and reputation, and physical characteristics. Personality traits are defined as "generalized and personalized determining tendencies—consistent and stable modes of an individual's adjustment to their environment" (John, 1999) as stated by Allport and Odbert in their research. Each adjective relative to personality falls within one of the previous categories to aid in the identification of major personality categories and creates a primitive taxonomy, which many psychologists and researchers would elaborate and build

upon later. Norman (1967) divided the same limited set of adjectives into seven categories, which, like Allport and Odbert's categories, were all mutually exclusive (John, 1999). Despite this, work from both parties have been classified as containing ambiguous category boundaries, resulting in the general conviction that such boundaries should be abolished and the work has less significance than the earlier judgment.

Factor analysis :

Introduced and established by Pearson in 1901 and Spearman three years thereafter, factor analysis is a process by which large clusters and grouping of data are replaced and represented by factors in the equation. As variables are reduced to factors, relationships between the factors begin to define the relationships in the variables they represent (Goldberg and Digman, 1994). In the early stages of the process' development, there was little widespread use due largely in part to the immense amount of hand calculations required to determine accurate results, often spanning periods of several months. Later on a mathematical foundation would be developed aiding in the process and contributing to the later popularity of the methodology. In present day, the power of super computers makes the use of factor analysis a simplistic process compared to the 1900's when only the devoted researchers could use it to accurately attain results (Goldberg and Digman, 1994).

In performing a factor analysis, the single most important factor to consider is the selection of variables as considerations such as domain, where a single domain results in the highest accuracy, and other representative variables related to a single domain would provide a more accurate outcome (Goldberg and Digman, 1994). Exploratory factor analysis governs a single domain while confirmatory factor analysis, often less accurate and more difficult to calculate, governs several domains. In terms of variables, it is unlikely to see a factor analysis with fewer than 50 variables. In those situations, another statistical equation may be a better, easier consideration to process the information. A standard sample size for such a function would range between 500 to 1,000 participants (Goldberg and Digman, 1994).

Cattell, another champion of the factor analysis methodology, believed that there are three major sources of data when it comes to research concerning personality traits (Hall and Lindzey, 1978). L-Data, also referred to as the life record, could include actual records of a

person's behaviour in society such as court records. Cattell, however, gathered the majority of L-Data from ratings given by peers. Self-rating questionnaires, also known as Q-Data, gathered data by allowing participants to assess their own behaviors. The third source of Cattell's data the objective test, also known as T-Data, created a unique situation in which the subject is unaware of the personality trait being measured (Pervin and John, 2001).

With the intent of generality, Cattell's sample population was representative of several age groups including adolescents, adults and children as well as representing several countries including the U.S., Britain, Australia, New Zealand, France, Italy, Germany, Mexico, Brazil, Argentina, India, and Japan (Hall and Lindzey, 1978).

Through factor analysis, Cattell identified what he referred to as surface and source traits. Surface traits represent clusters of correlated variables and source traits represent the underlying structure of the personality. Cattell considered source traits much more important in understanding personality than surface traits (Hall and Lindzey, 1978). The identified source traits became the primary basis for the 16 PF Model.

Critical review :

Although Cattell contributed much to personality research through the use of factor analysis his theory is greatly criticized. The most apparent criticism of Cattell's 16 Personality Factor Model is the fact that despite many attempts his theory has never been entirely replicated. In 1971, Howarth and Brown's factor analysis of the 16 Personality Factor Model found 10 factors that failed to relate to items present in the model. Howarth and Brown concluded that the 16 PF does not measure the factors which it purports to measure at a primary level (Eysenck and Eysenck, 1987). Studies conducted by Sell *et al.* (1970) and by Eysenck and Eysenck (1969) also failed to verify the 16 Personality Factor Model's primary level (Noller *et al.*, 1987). Also, the reliability of Cattell's self-report data has also been questioned by researchers (Schuerger *et al.*, 1989).

Cattell and colleagues responded to the critics by maintaining the stance that the reason the studies were not successful at replicating the primary structure of the 16 Personality Factor model was because the studies were not conducted according to Cattell's methodology. However, using Cattell's exact methodology, Kline and Barrett (1983), only were able to verify four of sixteen

primary factors (Noller *et al.*, 1987).

In response to Eysenck's criticism, Cattell, himself, published the results of his own factor analysis of the 16 Personality Factor Model, which also failed to verify the hypothesized primary factors (Eysenck, 1987).

Despite all the criticism of Cattell's hypothesis, his empirical findings lead the way for investigation and later discovery of the 'Big Five' dimensions of personality. Fiske (1949) and Tupes and Christal (1961) simplified Cattell's variables to five recurrent factors known as extraversion or surgency, agreeableness, consciousness, emotional stability and intellect or openness (Pervin and John, 1999). Cattell's Sixteen Personality Factor Model has been greatly criticized by many researchers, mainly because of the inability of replication. More than likely, during Cattell's factor analysis errors in computation occurred resulting in skewed data, thus the inability to replicate. Since, computer programmes for factor analysis did not exist during Cattell's time and calculations were done by hand it is not surprising that some errors occurred. However, through investigation into the validity of Cattell's model researchers did discover the Big Five Factors, which have been monumental in understanding personality, as we know it today.

Personality disorders and homoeopathy treatment :

16pf Personality Test, Counselling, Homoeopathy Treatment.

Introduction : Homoeopathy with counseling can help personality disorder.

About homoeopathy and counseling....

The use of homoeopathic medicine is conjunction with the use of counseling to help speed up the process. The use of counseling techniques helps you to deal with the emotional and psychological issues that are counseling you to feel stressed unhappy.

The homoeopathic medicine helps support the healing process.

As you understand more about yourself you will become clearer about the underlying issues contributing to your emotional upsets. You will learn to develop more effective coping strategies that will help you to feel more confident and able to handle life's turns. This together with the homoeopathic medicine will help support the process assisting in the recovery. Personality is the combination of behaviours, emotions and motivations that comprise an individual human being.

Table 1 : Primary factors and descriptors in cattell's 16 personality factor model (Adapted From Conn and Rieke, 1994)

Descriptors of low range	Primary factor	Descriptors of high range
Reserve, impersonal, distant, cool, reserved, impersonal, detached, formal, aloof (Sizothymia)	Warmth	Warm, outgoing, attentive to others, kindly, easy going, participating, likes people (Affectothymia)
Concrete thinking, lower general mental capacity, less intelligent, unable to handle abstract problems (Lower Scholastic Mental Capacity)	Reasoning	Abstract-thinking, more intelligent, bright, higher general mental capacity, fast learner (Higher Scholastic Mental Capacity)
Reactive emotionally, changeable, affected by feelings, emotionally less stable, easily upset (Lower Ego Strength)	Emotional Stability	Emotionally stable, adaptive, mature, faces reality calm (Higher Ego Strength)
Deferential, cooperative, avoids conflict, submissive, humble, obedient, easily led, docile, accommodating (Submissiveness)	Dominance	Dominant, forceful, assertive, aggressive, competitive, stubborn, bossy (Dominance)
Serious, restrained, prudent, taciturn, introspective, silent (Desurgency)	Liveliness	Lively, animated, spontaneous, enthusiastic, happy go lucky, cheerful, expressive, impulsive (Surgency)
Expedient, nonconforming, disregards rules, self indulgent (Low Super Ego Strength)	Rule-Consciousness	Rule-conscious, dutiful, conscientious, conforming, moralistic, staid, rule bound (High Super Ego Strength)
Shy, threat-sensitive, timid, hesitant, intimidated (Threctia)	Social Boldness	Socially bold, venturesome, thick skinned, uninhibited (Parmia)
Utilitarian, objective, unsentimental, tough minded, self-reliant, no-nonsense, rough (Harria)	Sensitivity	Sensitive, aesthetic, sentimental, tender minded, intuitive, refined (Premsia)
Trusting, unsuspecting, accepting, unconditional, easy (Alaxia)	Vigilance	Vigilant, suspicious, skeptical, distrustful, oppositional (Protension)
Grounded, practical, prosaic, solution orientated, steady, conventional (Praxernia)	Abstractedness	Abstract, imaginative, absent minded, impractical, absorbed in ideas (Autia)
Forthright, genuine, artless, open, guileless, naive, unpretentious, involved (Artlessness)	Privateness	Private, discreet, nondisclosing, shrewd, polished, worldly, astute, diplomatic (Shrewdness)
Self-Assured, unworried, complacent, secure, free of guilt, confident, self satisfied (Untroubled)	Apprehension	Apprehensive, self doubting, worried, guilt prone, insecure, worrying, self blaming (Guilt Proneness)
Traditional, attached to familiar, conservative, respecting traditional ideas (Conservatism)	Openness to Change	Open to change, experimental, liberal, analytical, critical, free thinking, flexibility (Radicalism)
Group-oriented, affiliative, a joiner and follower dependent (Group Adherence)	Self-Reliance	Self-reliant, solitary, resourceful, individualistic, self sufficient (Self-Sufficiency)
Tolerated disorder, unexact, flexible, undisciplined, lax, self-conflict, impulsive, careless of social rules, uncontrolled (Low Integration)	Perfectionism	Perfectionistic, organized, compulsive, self-disciplined, socially precise, exacting will power, control, self ? sentimental (High Self-Concept Control)
Relaxed, placid, tranquil, torpid, patient, composed low drive (Low Ergic Tension)	Tension	Tense, high energy, impatient, driven, frustrated, over wrought, time driven. (High Ergic Tension)

Homoeopathy approach to paranoid personality disorder :

The homoeopathic understanding of health is closely connected to its understanding of the mind in general; homoeopathic medicines will be individually prescribed based on the totality of the person's symptoms. The correct homoeopathic medicine will catalyze a healing process that will raise the person's overall level of health.

Homoeopathic treatment will help control the paranoia by lessening frustration, anger, resentment, guilt, embarrassment, jealousy fear and suspicious nature. Homoeopathy can limit the impact of the paranoia on the person's daily functioning. These medicines will boost latent inner ability. Mold the interest behaviour with the existing circumstances getting rid of worries tensions and sufferings. It will help balance emotions achieve peace

of mind and bring ultimate happiness. As every behaviour is unique homoeopathic constitutional treatment offers remedies that are unique and exclusive created just for your unique personality constitutional is an innovative healing modality which helps eliminate behavioral negativities by taking into account your overall nature personality traits and attitude towards life. These remedies act on your mind topping your natural ability to release negative emotions and restore well being that was previously within you.

Hence, to eliminate paranoia, negative emotions and to shape your innate behaviour in a way to face life challenges consider homoeopathy.

Treating a personality disorder :

Treatment for most personality disorders usually



involves a course of psychological therapy. This normally lasts at least six months, often longer, depending on the severity of the condition and other co existing problems.

Psychological therapies :

Psychotherapy is a treatment that involves discussion of thoughts, feelings and emotions with a trained professional. The aim of all psychological therapies is to improve people's ability to regulate their thoughts and emotions.

Some therapies focus on dysfunctional thoughts, while others focus on self-reflection and being aware of how your own mind works. Some therapies, specially group therapies, help people understand social relationships better.

Psychological therapies can be effective for many personality disorders. However, they should only be delivered by a trained professional who has experience of working with personality disorders and other clinical conditions. This is because personality disorders are serious conditions that can be associated with high-risk behaviors, such as self-harm.

As well as listening and discussing important issues with you, the psychotherapist can suggest strategies to resolve problems and, if necessary, can help you change your attitudes and behaviour.

A range of different psychotherapies are used to treat personality disorders. They can be broadly classified into three types of therapy, outlined below.

Psychodynamic (reflective) psychotherapy:

Psychodynamic psychotherapy is based on the idea that many adult patterns of behaviour are related to negative early childhood experiences. These experiences cause patterns of distorted thinking and beliefs that may have been understandable in childhood but do not work in adult life. The goal of therapy is to explore these distortions, understand how they arose, and find effective ways to overcome their influence on your thinking and behaviour.

Both individual and group psychodynamic therapy may be helpful for personality disorders, specially borderline personality disorder (BPD). A particular form, called mentalisation-based therapy, is recommended for BPD.

Cognitive behavioural therapy :

Cognitive behavioural therapy (CBT) is based on the theory that how we think about a situation affects how we act. In turn, our actions can affect how we think

and feel. Therefore, it is necessary to change both the act of thinking (cognition) and behavior at the same time.

A type of CBT called dialectical behavior therapy (DBT) has proved successful in helping people reduce impulsive self harming behaviours, especially in borderline personality disorder. DBT is designed to help you cope better with emotional instability, while at the same time encouraging you to behave in a more positive way.

Interpersonal therapy :

Interpersonal therapy is based on the theory that our relationships with other people and the outside world in general have a powerful effect on our mental health.

Several personality disorders may be associated with feelings of low self-esteem, anxiety and self-doubt caused by problems interacting with people.

During IPT, the therapist will explore any negative issues associated with your interpersonal relationships and how these issues can be resolved.

Therapeutic communities :

Therapeutic communities are a form of group therapy in which the experience of having a personality disorder is explored in depth. TCs are an intensive form of therapy. The minimum type of TC is one day a week, but others are 9-5 pm, five days a week. They have been shown to be effective for mild to moderate personality disorders, but require a high level of commitment.

Medication :

Currently, no medication has been licensed for the treatment of any personality disorder. However, medications may be prescribed to treat associated problems such as depression, anxiety or psychotic symptoms.

For example, if you have moderate to severe symptoms of depression that make it difficult to approach your therapy with confidence or enthusiasm, you may be prescribed a type of antidepressant called a selective serotonin reuptake inhibitor (SSRI).

Some people, especially those with borderline personality disorder, have found mood stabilizing medication helpful.

Homoeopathic remedies for paranoid personality disorder:

Anacardium:

- The patient experiences sudden loss of memory,

everything appears to be in a dream, lack of confidence in self and others.

- They are likely to be cruel, feels as though had two wills, one commanding them to do what the other forbids.
- Are always worried about someone chasing them, suspects everything around them, has eccentric tempers, laughs at serious matters and are serious over laughable things.

Cicuta virosa:

- The patient is always dissatisfied, has strange desires, and does absurd things, with violent perversions.
- The patient gets delirious with singing, dancing and funny gestures.
- They are indifferent, suspicious and everything appears mysterious and terrible.

Cocainum hydrochlorinum:

- Persons who are very talkative, with a constant desire to do something great.
- Constant sensation as if small bugs or worms were under the skin.
- These patients are very persecutory with a blunted moral sense and irrational jealousy, they neglect their personal appearance, and are delusional of hearing unpleasant remarks about themselves.
- They have sleepless nights with roaring noises in their head.

Hyosciamus niger:

- This remedy is appropriate for persons who are quarrelsome and obscene maniacs.
- They behave inappropriately and are immodest in acts, gestures, and expressions, are very talkative, jealous, foolish, suspicious, afraid of being poisoned.
- They exhibit nervous anxiety with an attempt to run away from everything.

Stramonium:

- This is a remarkable remedy for persons who have delusions that they are tall, double and their limbs were separated from body.
- They are very religious, solemn, demanding, and talkative. They see ghosts, hears voices, talk with spirits.

- Their moods rapidly change from joy to sorrow, can easily get violent and rude.
- They always have an expression of terror on their face.

KENT repertory useful in treating behavioural personality disorders with homoeopathic treatment:

Mind (p. 1)

Mind, amorous (See Lewdness and Lascivious, also Genitalia) (p. 2)

Mind, anger, violent (p. 3)

Mind, answers, spoken to, when, yet knows no one (p. 4)

Mind, anxiety, evening, bed, in (agg.) (p. 5)

Mind, anxiety, chill, during (p. 6)

Mind, anxiety, flatus, from (agg.) (p. 7)

Mind, anxiety, rising, after (p. 8)

Mind, anxiety, walking, while (p. 9)

Mind, blindness, pretended (p. 10)

Mind, cheerful, daytime (p. 11)

Mind, clinging to persons or furniture (p. 12)

Mind, concentration active (p. 13)

Mind, confusion, morning, rising, on (p. 14)

Mind, confusion, drinking, after (p. 15)

Mind, confusion, thinking of it agg. (p. 16)

Mind, cosmopolitan (See Travel) (p. 17)

Mind, dejection (See Sadness) (p. 18)

Mind, delirium, fatigue, study, etc., from (p. 19)

Mind, delirium, rambling (p. 20)

Mind, delusions, animals, abdomen, are in (p. 21)

Mind, delusions, body adherent to woolen sack, night, while half awake (p. 22)

Mind, delusions, conspiracies against her father, thought the landlord's bills were (p. 23)

Mind, delusions, die, time has come to (p. 24)

Mind, delusions, enlarged, eyes are (p. 25)

Mind, delusions, fire, every noise is a cry of fire, she thinks, and she trembles (p. 26)

Mind, delusions, head, heavy, his own seemed too (p. 27)

Mind, delusions, images, phantoms, closing the eyes, on, in bed (p. 28)

Mind, delusions, lip, lower, is swollen (p. 29)

Mind, delusions, music, unearthly (p. 30)

Mind, delusions, poisoned, thought he had been (p. 31)

Mind, delusions, shoulder, thinks people are looking over his (p. 32)

Mind, delusions, stabbed, that he had, a person who passed him on the street (p. 33)

Mind, delusions, travelling, of, through worlds (p. 34)

Mind, delusions, walk, cannot walk, must run or hop (p. 35)

Mind, despair, pains, with the, in the stomach (p. 36)

Mind, discouraged, morning (p. 37)

Mind, dullness, morning, rising, on (p. 38)

Mind, dullness, walking, while (p. 39)

Mind, excitement, excitable (p. 40)

Mind, excitement, menses, during (p. 41)

Mind, fancies, exaltation of, afternoon (p. 42)

Mind, fear, night, waking, after (p. 43)

Mind, fear, dawn, of the return of (p. 44)

Mind, fear, exertion, of (p. 45)

Mind, fear, labor, after (p. 46)

Mind, fear, putrefy, body will (p. 47)

Mind, fear, warm room (p. 48)

Mind, forgetful, mental exertion, from (p. 49)

Mind, frivolous (p. 50)

Mind, grief, morning (p. 51)

Mind, honor, effects of wounded (p. 52)

Mind, ideas abundant, forenoon (p. 53)

Mind, impatience, sitting, while (p. 54)

Mind, indifference, complain, does not, unless questioned... (p. 55)

Mind, indolence, afternoon (p. 56)

Mind, insanity, makes useless purchases (p. 57)

Mind, irritability, daytime (p. 58)

Mind, irritability, chill, during (p. 59)

Mind, irritability, supper, after (p. 60)

Mind, kill, thought he ought to kill somebody (p. 61)

Mind, laughing, convulsions, before, during or after (p. 62)

Mind, loathing, life, menses, before (p. 63)

Mind, mania, held, wants to be (p. 64)

Mind, memory, weakness of, labor, for mental (compare stupefaction) (p. 65)

Mind, mirth, morning, waking, on (p. 66)

Mind, mistakes, words, mispronounces (p. 67)

Mind, mood, changeable, variable, etc. (p. 68)

Mind, nymphomania, menses, before (p. 69)

Mind, prostration of mind, noon (p. 70)

Mind, rage, alternating, consciousness (p. 71)

Mind, reserved (p. 72)

Mind, restlessness, night, midnight, at (p. 73)

Mind, restlessness, coition, after (p. 74)

Mind, restlessness, urination, before (p. 75)

Mind, sadness, morning, rising, after, amel. (p. 76)

Mind, sadness, emission, from (p. 77)

Mind, sadness, walking, in open air, amel. (p. 78)

Mind, sensitive, noise, to (p. 79)

Mind, shrieking, aid, for (p. 80)

Mind, sits quite stiff (p. 81)

Mind, speech, incoherent, night (p. 82)

Mind, starting, bed, in (p. 83)

Mind, starting, twitching (p. 84)

Mind, stupefaction, vertigo, during (p. 85)

Mind, suspicious, daytime (p. 86)

Mind, talking, unpleasant things, of, agg. (p. 87)

Mind, thoughts, persistent, walking, on (p. 88)

Mind, timidity, daytime (p. 89)

Mind, unconsciousness, alternating with restlessness during fever (p. 90)

Mind, unconsciousness, rubbing soles of feet amel. (p. 91)

Mind, vivacious, alternating with sorrow (p. 92)

Mind, weeping, night, weeps all night, laughs all day (p. 93)

Mind, weeping, looked at, when (p. 94)

Mind, well, says he is, when very sick (p. 95)

These rubrics help to treat behavioral personality disorders, from kent repertory :

Mind, anger, violent (p. 3)

Mind, answers, spoken to, when, yet knows no one (p. 4)

Mind, anxiety, evening, bed, in (agg.) (p. 5)

Mind, excitement, menses, during (p. 41)

Mind, fancies, exaltation of, afternoon (p. 42)

Mind, fear, night, waking, after (p. 43)

Mind, fear, dawn, of the return of (p. 44)

Mind, fear, exertion, of (p. 45)

Mind, fear, labor, after (p. 46)

Mind, talking, unpleasant things, of, agg. (p. 87)

Mind, thoughts, persistent, walking, on (p. 88)

Mind, timidity, daytime (p. 89)

Mind, mistakes, words, mispronounces (p. 67)

Mind, mood, changeable, variable, etc. (p. 68)

Mind, nymphomania, menses, before (p. 69)

Mind, prostration of mind, noon (p. 70)

Mind, rage, alternating, consciousness (p. 71)

Mind, reserved (p. 72)

Mind, restlessness, night, midnight, at (p. 73)
 Mind, restlessness, coition, after (p. 74)
 Mind, restlessness, urination, before (p. 75)
 Mind, sadness, morning, rising, after, amel. (p. 76)

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Boericks Materia Medica Repertory

Boger Boeninghausens Repertory

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9th Year
 ★★★★★ of Excellence ★★★★★